

House File 803

H-1294

1 Amend House File 803 as follows:

2 1. Page 1, before line 1 by inserting:

3 <DIVISION I
4 DUTIES OF PHYSICIAN ASSISTANTS>

5 2. Page 1, before line 25 by inserting:

6 <Sec. _____. Section 96.5, subsection 1, paragraphs d and e,
7 Code 2021, are amended to read as follows:

8 d. The individual left employment because of illness,
9 injury, or pregnancy upon the advice of a licensed and
10 practicing physician or physician assistant, and upon knowledge
11 of the necessity for absence immediately notified the employer,
12 or the employer consented to the absence, and after recovering
13 from the illness, injury, or pregnancy, when recovery was
14 certified by a licensed and practicing physician or physician
15 assistant, the individual returned to the employer and offered
16 to perform services and the individual's regular work or
17 comparable suitable work was not available, if so found by the
18 department, provided the individual is otherwise eligible.

19 e. The individual left employment upon the advice of a
20 licensed and practicing physician or physician assistant,
21 for the sole purpose of taking a member of the individual's
22 family to a place having a different climate, during which
23 time the individual shall be deemed unavailable for work, and
24 notwithstanding during such absence the individual secures
25 temporary employment, and returned to the individual's
26 regular employer and offered the individual's services and the
27 individual's regular work or comparable work was not available,
28 provided the individual is otherwise eligible.>

29 3. Page 9, line 7, after <assistant> by inserting <who meets
30 the qualifications set forth in the definition of a mental
31 health professional in section 228.1>

32 4. Page 9, line 11, after <assistant> by inserting <who
33 meets the qualifications set forth in the definition of a
34 mental health professional in section 228.1>

35 5. Page 10, line 1, after <assistant> by inserting <who

1 meets the qualifications set forth in the definition of a
2 mental health professional in section 228.1>

3 6. Page 10, line 3, after <assistant> by inserting <who
4 meets the qualifications set forth in the definition of a
5 mental health professional in section 228.1>

6 7. By striking page 15, line 34, through page 17, line 31.

7 8. By striking page 20, line 19, through page 55, line 26,
8 and inserting:

9 <DIVISION ____

10 DUTIES OF PHYSICIAN ASSISTANTS — RULES

11 Sec. _____. NEW SECTION. 147.77 **Powers, privileges, rights,**
12 **or duties provided by rule — applicability to physician**
13 **assistants.**

14 1. The following agencies that adopt rules pursuant to
15 chapter 17A providing a power, privilege, right, or duty to
16 a physician licensed under chapter 148 or other profession
17 licensed under this subtitle relating to the following subjects
18 shall, consistent with the scope of practice of physician
19 assistants licensed under chapter 148C, and unless otherwise
20 inconsistent with state or federal law, provide the same power,
21 privilege, right, or duty by rule to a physician assistant
22 licensed under chapter 148C:

23 a. The department of administrative services, with respect
24 to rules relating to the following:

25 (1) Retroactive conversion of vacation time to sick leave
26 for vacation time spent under the care of a physician.

27 (2) Certification of a catastrophic illness by a physician
28 for purposes of donation of leave and second medical
29 opinions and updates sought from a physician relating to such
30 certifications.

31 b. The department on aging, with respect to rules relating
32 to a written order from a physician for an older individual
33 requesting a therapeutic diet, and the interpretation of such
34 orders.

35 c. The department of corrections, with respect to rules

1 relating to the following:

2 (1) That a parolee shall not use, purchase, possess, or
3 transfer any drugs unless prescribed by a physician.

4 (2) That a serious medical need is one that has been
5 diagnosed by a physician as requiring treatment or is one so
6 obvious that a lay person would easily recognize the necessity
7 for a physician's attention.

8 (3) That each jail shall have a designated licensed
9 physician, licensed osteopathic physician, or medical resource
10 designated for the medical supervision, care, and treatment of
11 prisoners as deemed necessary and appropriate.

12 (4) That prescription medication, as ordered by a licensed
13 physician, licensed osteopathic physician, or licensed dentist
14 shall be provided in accordance with the directions of the
15 prescribing physician or dentist. Prisoners with medication
16 from a personal physician, osteopathic physician, or dentist
17 may be evaluated by a physician, osteopathic physician, or
18 dentist selected by the jail administrator to determine if the
19 present medication is appropriate.

20 (5) That expired drugs or drugs not in unit dose packaging,
21 whose administration had been discontinued by the attending
22 physician, shall be destroyed by the jail administrator or
23 designee in the presence of a witness.

24 (6) That special diets in jails prescribed by a physician
25 shall be followed and documented, that the physician who
26 prescribes the special diet shall specify a date on which the
27 diet will be reviewed for renewal or discontinuation, and that
28 unless specified by the prescribing physician, a certified
29 dietitian shall develop the menu.

30 (7) That special diets prescribed by a physician for the
31 care and treatment of juveniles in nonsecure hold shall be
32 followed and documented.

33 (8) For medical services in temporary holding facilities,
34 that a serious medical need is one that has been diagnosed by
35 a physician as requiring treatment or one that is so obvious

1 that a lay person would easily recognize the necessity for a
2 physician's attention.

3 (9) For medical resources in temporary holding facilities,
4 that each facility shall have a designated licensed physician,
5 licensed osteopathic physician, or medical resource designated
6 for the medical supervision, care, and treatment of detainees
7 as deemed necessary and appropriate.

8 (10) Medication procedures in temporary holding facilities,
9 that prescription medication, as ordered by a licensed
10 physician, licensed osteopathic physician, or licensed dentist
11 shall be provided in accordance with the directions of the
12 prescribing physician or dentist. Detainees with medication
13 from a personal physician, osteopathic physician, or dentist
14 may be evaluated by a physician, osteopathic physician, or
15 dentist selected by the facility administrator to determine if
16 the present medication is appropriate.

17 (11) For medication storage in temporary holding
18 facilities, that expired drugs or drugs not in unit dose
19 packaging, whose administration had been discontinued by
20 the attending physician, shall be destroyed by the facility
21 administrator or designee in the presence of a witness.

22 (12) For medical diets in temporary holding facilities,
23 that special diets as prescribed by a physician shall be
24 followed and documented.

25 (13) For medical care and treatment for juveniles in
26 nonsecure holds in temporary holding facilities, that special
27 diets as prescribed by a physician shall be followed and
28 documented.

29 d. The economic development authority, with respect to rules
30 relating to the certification of a person with a disability
31 for the purpose of the targeted small business program, that
32 in order to be considered a person with a disability for the
33 purpose of the targeted small business program, the person must
34 qualify and receive certification as having a disability from
35 a licensed medical physician or must have been found eligible

1 for vocational rehabilitation services by the department of
2 education, division of vocational rehabilitation services, or
3 by the department for the blind.

4 e. The department of education, with respect to rules
5 relating to the following:

6 (1) For statements relating to medication administration
7 policies, that a statement that persons administering
8 medication shall include authorized practitioners, such as
9 licensed registered nurses and physicians, and persons to whom
10 authorized practitioners have delegated the administration
11 of prescription and nonprescription drugs. Individuals
12 shall self-administer asthma or other airway constricting
13 disease medication or possess and have use of an epinephrine
14 auto-injector with parent and physician consent on file,
15 without the necessity of demonstrating competency to
16 self-administer these medications.

17 (2) For medication administration courses relating
18 to medication administration policies, that a medication
19 administration course be conducted by a registered nurse
20 or licensed pharmacist and include an annual medication
21 administration procedural skills check completed with a
22 registered nurse or pharmacist.

23 (3) For school-based youth services programs, that
24 preventive and primary health care services shall be delivered
25 by specifically credentialed providers as specified.

26 f. The department of human services, with respect to rules
27 relating to the following:

28 (1) That an incident for purposes of accreditation
29 of providers of services to persons with mental illness,
30 intellectual disabilities, or developmental disabilities
31 includes but is not limited to an occurrence involving the
32 individual using the service that results in a physical injury
33 to or by the individual that requires a physician's treatment
34 or admission to a hospital.

35 (2) That a mental health professional, for purposes

1 of accreditation of providers of services to persons with
2 mental illness, intellectual disabilities, or developmental
3 disabilities, includes a medical professional licensed in this
4 state, provided that the professional otherwise meets all of
5 the conditions to qualify as a mental health professional.

6 (3) That home health aide services for purposes of
7 disability services management and regional services may
8 include medications specifically ordered by a physician.

9 (4) That payment relating to the state supplementary
10 assistance program for residential care shall only be made when
11 there is on file an order written by a physician certifying
12 that the applicant or recipient being admitted requires
13 residential care but does not require nursing services.

14 (5) That a case folder for a facility participating in
15 the state supplementary assistance program must include a
16 physician's statement certifying that a resident does not
17 require nursing services.

18 (6) That personnel providing psychological evaluations
19 and counseling or psychotherapy services for area education
20 agencies under the medical assistance program include specified
21 professions endorsed, licensed, or registered in this state,
22 provided that the professional otherwise meets all of the
23 conditions to qualify as a mental health professional.

24 (7) That personnel providing psychological evaluations and
25 counseling or psychotherapy services for providers of infant
26 and toddler program services under the medical assistance
27 program include specified professions endorsed, licensed,
28 or registered in this state, provided that the professional
29 otherwise meets all of the conditions to qualify as a mental
30 health professional.

31 (8) That personnel providing other services for providers
32 of infant and toddler program services under the medical
33 assistance program include specified professions recognized,
34 endorsed, or licensed in this state, provided that the
35 professional otherwise meets all of the conditions to qualify

1 as a mental health professional.

2 (9) That personnel providing psychological evaluations
3 and counseling or psychotherapy services for providers of
4 local education agency services under the medical assistance
5 program include specified professions endorsed, licensed,
6 or registered in this state, provided that the professional
7 otherwise meets all of the conditions to qualify as a mental
8 health professional.

9 (10) That personnel providing other services for providers
10 of local education agency services under the medical assistance
11 program include specified professions recognized, endorsed,
12 or licensed in this state, provided that the professional
13 otherwise meets all of the conditions to qualify as a mental
14 health professional.

15 (11) For payment for medically necessary home health agency
16 services under the medical assistance program, that payment
17 shall be approved for medically necessary home health agency
18 services prescribed by a physician in a plan of home health
19 care provided by a Medicare-certified home health agency.

20 (12) For authorization for medically necessary home health
21 agency services under the medical assistance program, that
22 services shall be authorized by a physician, evidenced by the
23 physician's signature and date on a plan of treatment.

24 (13) For treatment plans of home health agencies under the
25 medical assistance program, that a member's medical condition
26 shall be reflected by the date last seen by a physician, if
27 available.

28 (14) For items included in treatment plans of home health
29 agencies under the medical assistance program, that a plan of
30 care shall include a physician's signature and date and that
31 the plan of care must be signed and dated by the physician
32 before the claim for service is submitted for reimbursement.

33 (15) For skilled nursing services provided by a home health
34 agency under the medical assistance program, that medical
35 documentation shall be submitted justifying the need for

1 continued visits, including the physician's estimate of the
2 length of time that additional visits will be necessary, and
3 that daily skilled nursing visits or multiple daily visits for
4 wound care or insulin injections shall be covered when ordered
5 by a physician and included in the plan of care.

6 (16) For physical therapy services provided by a home health
7 agency under the medical assistance program, that payment shall
8 be made for physical therapy services when the services follow
9 a treatment plan established by the physician after any needed
10 consultation with the qualified physical therapist.

11 (17) For occupational therapy services provided by a
12 home health agency under the medical assistance program,
13 that payment shall be made for occupational therapy services
14 when the services follow a treatment plan established by the
15 physician.

16 (18) For speech therapy services provided by a home health
17 agency under the medical assistance program, that payment shall
18 be made for speech therapy services when the services follow a
19 treatment plan established by the physician.

20 (19) For home health aide services provided by a home health
21 agency under the medical assistance program, that the service
22 as well as the frequency and duration are stated in a written
23 plan of treatment established by a physician.

24 (20) For home health aide services provided by a home health
25 agency under the medical assistance program, that services
26 provided for specified durations when ordered by a physician
27 and included in a plan of care shall be allowed as intermittent
28 services.

29 (21) For home health aide services provided by a home health
30 agency under the medical assistance program, that personal
31 care services include helping the member take medications
32 specifically ordered by a physician.

33 (22) For private duty nursing or personal care services for
34 persons aged twenty and under, under the medical assistance
35 program, that private duty nursing services are those services

1 which are provided by a registered nurse or a licensed
2 practical nurse under the direction of the member's physician
3 to a member in the member's place of residence or outside the
4 member's residence, when normal life activities take the member
5 outside the place of residence.

6 (23) For private duty nursing or personal care services for
7 persons aged twenty and under, under the medical assistance
8 program, that services shall be provided according to a written
9 plan of care authorized by a licensed physician.

10 (24) For private duty nursing or personal care services for
11 persons aged twenty and under, under the medical assistance
12 program, that personal care services are those services
13 provided by a home health aide or certified nurse's aide and
14 which are delegated and supervised by a registered nurse under
15 the direction of the member's physician to a member in the
16 member's place of residence or outside the member's residence,
17 when normal life activities take the member outside the place
18 of residence, and that these services shall be in accordance
19 with the member's plan of care and authorized by a physician.

20 (25) For requirements for private duty nursing or personal
21 care services for persons aged twenty and under, under the
22 medical assistance program, that private duty nursing or
23 personal care services shall be ordered in writing by a
24 physician as evidenced by the physician's signature on the plan
25 of care.

26 (26) For obtaining prescription medications for children in
27 juvenile detention and shelter care homes, that prescription
28 medication provided to residents shall be dispensed only from a
29 licensed pharmacy in this state in accordance with state law,
30 from a licensed pharmacy in another state according to the laws
31 of that state, or by a licensed physician.

32 (27) For health and dental programs provided by agencies
33 providing foster care services, that a child's physical
34 examination shall be performed by a licensed physician or
35 licensed nurse practitioner.

1 (28) For health and dental programs provided by agencies
2 providing foster care services, that if documentation of prior
3 immunization is unavailable, immunizations required by the
4 department of public health shall begin within thirty days of
5 placement, unless contraindicated and unless a statement from
6 a physician to that effect is included in the child's medical
7 record, and that a statement from a physician, referring
8 agency, parent, or guardian indicating immunizations are
9 current is sufficient documentation of immunizations.

10 (29) For the dispensing, storage, authorization, and
11 recording of medications in child care centers, that all
12 medications shall be stored in their original containers, with
13 accompanying physician or pharmacist's directions and label
14 intact and stored so they are inaccessible to children and the
15 public.

16 (30) For an infants' area in a child care center, that
17 upon the recommendation of a child's physician or the area
18 education agency serving the child, a child who is two years
19 of age or older with a disability that results in significant
20 developmental delays in physical and cognitive functioning who
21 does not pose a threat to the safety of the infants may, if
22 appropriate and for a limited time approved by the department,
23 remain in the infant area.

24 (31) For facility requirements for a child development
25 home, that the telephone number for each child's physician
26 shall be written on paper and readily accessible by the
27 telephone.

28 (32) For medications and hazardous materials in a child
29 development home, that medications shall be given only with
30 the parent's or doctor's written authorization, and that each
31 prescribed medication shall be accompanied by a physician's or
32 pharmacist's direction.

33 (33) For medical reports regarding the health of a family
34 in a family life home, that a medical report shall provide
35 significant findings of a physician, such as the presence or

1 absence of any communicable disease.

2 (34) For medical reexaminations of a family in a family
3 life home, that medical reexaminations may be required at the
4 discretion of a physician.

5 (35) For medical examinations of a client in a family life
6 home, that a physician shall certify that the client is free
7 from any communicable disease and does not require a higher
8 level of care than that provided by a family life home.

9 (36) For the records of a client in a family life home,
10 that the family shall have available at all times, the name,
11 address, and telephone number of the client's physician.

12 (37) For the facility requirements for a child care home,
13 that the telephone number for each child's physician shall be
14 written on paper and readily accessible by the telephone.

15 (38) For the administration of medications at a child care
16 home, that medications shall be given only with the parent's or
17 doctor's written authorization and each prescribed medication
18 shall be accompanied by a physician's or pharmacist's
19 direction.

20 (39) For payments for foster care, that an intellectual
21 disabilities professional includes specified professions,
22 provided that the professional otherwise meets all of
23 the conditions to qualify as an intellectual disabilities
24 professional.

25 (40) For payments for foster care, that a mental health
26 professional includes specified professions, provided that the
27 professional otherwise meets all of the conditions to qualify
28 as a mental health professional.

29 (41) For the subsidized adoption program, that a qualified
30 intellectual disability professional includes specified
31 professions, provided that the professional otherwise meets
32 all of the conditions to qualify as a qualified intellectual
33 disability professional.

34 (42) For the subsidized adoption program, that a qualified
35 mental health professional includes specified professions,

1 provided that the professional otherwise meets all of
2 the conditions to qualify as a qualified mental health
3 professional.

4 (43) For the information provided to a foster care provider
5 by a department worker at the time of placement, that the
6 information shall include the names, addresses, and telephone
7 numbers of the child's physician and dentist.

8 g. The department of inspections and appeals, with respect
9 to rules relating to the following:

10 (1) For the qualifications of an attending physician at a
11 hospice, that the person shall have an active Iowa license to
12 practice medicine.

13 (2) For residential care facilities for persons with
14 intellectual disabilities, that a qualified intellectual
15 disability professional includes specified professions,
16 provided that the professional otherwise meets all of the
17 conditions to qualify as a qualified intellectual disability
18 professional.

19 (3) For nursing facilities, that a qualified intellectual
20 disabilities professional includes specified professions,
21 provided that the professional otherwise meets all of the
22 conditions to qualify as a qualified intellectual disabilities
23 professional.

24 (4) For intermediate care facilities for persons with
25 mental illness, that a qualified mental health professional
26 includes specified professions, provided that the professional
27 otherwise meets all of the conditions to qualify as a qualified
28 mental health professional.

29 (5) For notifications submitted to the department from
30 a subacute mental health care facility in the event of an
31 accident causing a major injury, including as a major injury an
32 injury which requires consultation with the attending physician
33 or designee of the physician or advanced registered nurse
34 practitioner who determines that an injury is a major injury.

35 h. The racing and gaming commission, with respect to rules

1 relating to the following:

2 (1) For the grounds for denial, suspension, or revocation
3 of an occupational or vendor license, that a license shall be
4 denied if the applicant has a history of mental illness without
5 demonstrating successful treatment by a licensed medical
6 physician.

7 (2) For the qualifications for jockeys, that a jockey shall
8 pass a physical examination by a licensed physician affirming
9 fitness to participate as a jockey.

10 (3) For the regulation of licensees in restricted areas of
11 a racing facility, that licensees whose duties require them to
12 be in a restricted area of a racing facility shall not have
13 present within their systems any controlled substance as listed
14 in schedules I to V of U.S.C. Tit. 21 (Food and Drug Section
15 812), chapter 124, or any prescription drug unless it was
16 obtained directly or pursuant to valid prescription or order
17 from a duly licensed physician who is acting in the course of
18 professional practice.

19 *i.* The Iowa law enforcement academy, with respect to rules
20 relating to the following:

21 (1) For the minimum standards for law enforcement officers,
22 that an officer is examined by a licensed physician or surgeon.

23 (2) For hiring standards must be reverified if an individual
24 is not hired by an Iowa law enforcement agency during a
25 specified period of time following completion of the course
26 of study, that the individual must be examined by a licensed
27 physician or surgeon.

28 (3) For the selection or appointment of reserve peace
29 officers, that the person shall be examined by a licensed
30 physician or surgeon.

31 *j.* The natural resource commission, with respect to rules
32 relating to the following:

33 (1) That the grounds for revoking or suspending an
34 instructor license include participation in a course while
35 ingesting prescription medication in a manner contrary to the

1 dosing directions given by the prescribing physician.

2 (2) For applications for use of a crossbow for deer and
3 turkey hunting by handicapped individuals, that an application
4 must include a statement signed by the applicant's physician
5 declaring that the individual is not physically capable of
6 shooting a bow and arrow.

7 (3) For authorization for the use of a crossbow for deer
8 and turkey hunting by handicapped individuals, that if a
9 conservation officer has probable cause to believe the person's
10 handicapped status has improved, making it possible for the
11 person to shoot a bow and arrow, the department of natural
12 resources may, upon the officer's request, require the person
13 to obtain in writing a current physician's statement.

14 (4) For licenses for nonresidents to participate in a
15 special deer hunting season for severely disabled persons,
16 that a nonresident applying for the license must have on file
17 with the department of natural resources either a copy of a
18 disabilities parking permit issued by a state department of
19 transportation or an Iowa department of natural resources form
20 signed by a physician that verifies their disability.

21 k. The Iowa department of public health, with respect to
22 rules relating to the following:

23 (1) That "*impaired glucose tolerance*", for purposes of
24 outpatient diabetes education programs, means a condition in
25 which blood glucose levels are higher than normal, diagnosed by
26 a physician, and treated with a food plan, exercise, or weight
27 control.

28 (2) For instructors for programs not recognized by the
29 American diabetes association or accredited by the American
30 association of diabetes educators, that the primary instructors
31 shall be one or more of specified health care professionals who
32 are knowledgeable about the disease process of diabetes and the
33 treatment of diabetes.

34 (3) For the written form for participation in the
35 prescription drug donation repository program, that the form

1 shall include the name and telephone number of the responsible
2 pharmacist, physician, or nurse practitioner who is employed
3 by or under contract with the pharmacy or medical facility,
4 and shall also include a statement, signed and dated by the
5 responsible pharmacist, physician, or nurse practitioner,
6 indicating that the pharmacy or medical facility meets the
7 eligibility requirements and shall comply with the requirements
8 established by rule.

9 (4) For the dispensing of donated prescription drugs and
10 supplies, that donated drugs and supplies may be dispensed
11 only if the drugs or supplies are prescribed by a health
12 care practitioner for use by an eligible individual and
13 are dispensed by a licensed pharmacist, physician, or nurse
14 practitioner.

15 1. The department of public safety, with respect to rules
16 relating to permits to carry weapons, that an unlawful user of
17 or addicted to any controlled substance includes any person who
18 is a current user of a controlled substance in a manner other
19 than as prescribed by a licensed physician.

20 *m.* The department of transportation, with respect to rules
21 relating to exemptions from motor vehicle window transparency
22 requirements, that a motor vehicle fitted with a front
23 windshield, a front side window, or a front sidewing with less
24 than seventy percent but not less than thirty-five percent
25 light transmittance before July 4, 2012, may continue to be
26 maintained and operated with a front windshield, a front side
27 window, or a front sidewing with less than seventy percent but
28 not less than thirty-five percent light transmittance on or
29 after July 4, 2012, so long as the vehicle continues to be used
30 for the transport of a passenger or operator who documented in
31 the manner specified by the department a medical need for such
32 reduced transparency, which document was signed by the person's
33 physician before July 4, 2012.

34 *n.* The Iowa department of veterans affairs, with respect
35 to rules relating to expenses relating to the purchase of

1 durable equipment or services, that individuals requesting
2 reimbursement who need durable equipment as a medical necessity
3 should provide information from a physician.

4 *o.* The department of workforce development, with respect to
5 rules relating to the following:

6 (1) That a voluntary quit shall be presumed to be without
7 good cause attributable to the employer for purposes of
8 unemployment compensation if a claimant left employment because
9 of illness or injury which was not caused or aggravated by the
10 employment or pregnancy and failed to obtain the advice of a
11 licensed and practicing physician, obtain certification of
12 release for work from a licensed and practicing physician, or
13 return to the employer and offer services upon recovery and
14 certification for work by a licensed and practicing physician.

15 (2) That for purposes of unemployment compensation, it is
16 a reason for a claimant leaving employment with good cause
17 attributable to the employer if the claimant left employment
18 because of illness, injury, or pregnancy upon the advice of
19 a licensed and practicing physician, and upon recovery, when
20 recovery was certified by a licensed and practicing physician,
21 the claimant returned and offered to perform services to the
22 employer, but no suitable, comparable work was available.

23 (3) That for purposes of unemployment compensation it is
24 a reason for a claimant leaving employment with good cause
25 attributable to the employer if the claimant left employment
26 upon the advice of a licensed and practicing physician for the
27 sole purpose of taking a family member to a place having a
28 different climate and subsequently returned to the claimant's
29 regular employer and offered to perform services, but the
30 claimant's regular or comparable work was not available.

31 *p.* The labor services division of the department of
32 workforce development, with respect to rules relating to the
33 following:

34 (1) For the disclosure of a trade secret relating to a
35 hazardous chemical during a medical emergency, that where a

1 treating physician or nurse determines that a medical emergency
2 exists and the specific chemical identity of a hazardous
3 chemical is necessary for emergency or first-aid treatment, the
4 chemical manufacturer, importer, or employer shall immediately
5 disclose the specific chemical identity of a trade secret
6 chemical to that treating physician or nurse, regardless of the
7 existence of a written statement of need or a confidentiality
8 agreement.

9 (2) For the disclosure of a trade secret relating to
10 a hazardous chemical in a nonemergency situation, that in
11 nonemergency situations, a chemical manufacturer, importer,
12 or employer shall, upon request, disclose a specific chemical
13 identity, otherwise permitted to be withheld by rule, to a
14 specified health professional providing medical or other
15 occupational health services to exposed employees or designated
16 representatives in specified circumstances.

17 (3) For applications for a license to practice asbestos
18 removal, that except as noted in rule, only worker and
19 contractor/supervisor license applicants must submit a
20 respiratory protection and physician's certification forms.

21 (4) For documentation held by persons licensed for asbestos
22 abatement in an area that is subject to a disaster emergency
23 proclamation, that the labor commissioner deems an individual
24 contractor, supervisor, or worker to be licensed and authorized
25 for asbestos abatement if the individual, in addition to other
26 specified conditions, makes immediately available on the
27 work site a copy of a physician's statement indicating that,
28 consistent with federal law, a licensed physician has examined
29 the individual within the past twelve months and approved the
30 individual to work while wearing a respirator.

31 (5) That the contents of an application for an event
32 license for a covered athletic event other than a professional
33 wrestling event shall contain, along with other requirements,
34 a copy of the medical license of the ringside physician and
35 the date, time, and location of the ringside physician's

1 examination of the contestants.

2 (6) For the responsibilities of the promoter of an athletic
3 event, that the promoter submit test results to the ringside
4 physician no later than at the time of the physical showing
5 that each contestant scheduled for the event tested negative
6 for the human immunodeficiency, hepatitis B, and hepatitis C
7 viruses within the one-year period prior to the event, and that
8 the contestant shall not participate and the physician shall
9 notify the promoter that the contestant is prohibited from
10 participating for medical reasons if specified circumstances
11 occur.

12 (7) For injuries during a professional boxing match, that if
13 a contestant claims to be injured during the bout, the referee
14 shall stop the bout and request the attending physician to make
15 an examination. If the physician decides that the contestant
16 has been injured as the result of a foul, the physician shall
17 advise the referee of the injury. If the physician is of the
18 opinion that the injured contestant may be able to continue,
19 the physician shall order an intermission, after which the
20 physician shall make another examination and again advise
21 the referee of the injured contestant's condition. It shall
22 be the duty of the promoter to have an approved physician in
23 attendance during the entire duration of all bouts.

24 (8) For persons allowed in a ring during a professional
25 boxing match, that no person other than the contestants and the
26 referee shall enter the ring during the bout, excepting the
27 seconds between the rounds or the attending physician if asked
28 by the referee to examine an injury to a contestant.

29 (9) For the weighing of contestants in a professional boxing
30 match, that contestants shall be weighed and examined on the
31 day of the scheduled match by the attending ring physician at a
32 time and place to be determined by the commissioner.

33 (10) For attending ring physicians during a professional
34 boxing match, that when a boxer has been injured seriously,
35 knocked out, or technically knocked out, the referee shall

1 immediately summon the attending ring physician to aid the
2 stricken boxer, and that managers, handlers, and seconds shall
3 not attend to the stricken boxer, except at the request of the
4 physician.

5 (11) For the keeping of time during a professional boxing
6 match, that the timekeeper shall keep an exact record of time
7 taken out at the request of a referee for an examination of a
8 contestant by the physician.

9 (12) For the suspension of contestants during a
10 professional boxing match that is an elimination tournament,
11 that a contestant who for specified reasons is not permitted
12 to box in the state for a period of time shall be examined by a
13 physician approved by the commissioner before being permitted
14 to fight again.

15 (13) For the designation of officials for professional
16 kickboxing, that the designation of physicians is subject to
17 the approval of the commissioner or designee.

18 (14) For officials for a mixed martial arts event, that
19 officials shall include a physician.

20 (15) For the keeping of time for a mixed martial arts
21 event, that the timekeeper shall keep an exact record of time
22 taken out at the request of a referee for an examination of a
23 contestant by the physician.

24 (16) For persons allowed in the cage during a mixed martial
25 arts event, that a physician may enter the cage to examine a
26 contestant upon the request of the referee.

27 (17) For the decorum of persons involved in a mixed martial
28 arts event, that a contestant is exempt from prohibitions on
29 specified conduct while interacting with the contestant's
30 opponent during a round, but if the round is stopped by the
31 physician or referee for a time out, the prohibitions shall
32 apply to the contestant.

33 (18) For the examination of contestants in a mixed martial
34 arts event, that on the day of the event, at a time and place
35 to be approved by the commissioner, the ringside physician

1 shall conduct a rigorous physical examination to determine the
2 contestant's fitness to participate in a mixed martial arts
3 match, and that a contestant deemed not fit by the physician
4 shall not participate in the event.

5 (19) For injuries during a mixed martial arts event, that if
6 a contestant claims to be injured or when a contestant has been
7 injured seriously or knocked out, the referee shall immediately
8 stop the fight and summon the attending ring physician to make
9 an examination of the stricken fighter. If the physician
10 decides that the contestant has been injured, the physician
11 shall advise the referee of the severity of the injury. If
12 the physician is of the opinion the injured contestant may be
13 able to continue, the physician shall order an intermission,
14 after which the physician shall make another examination and
15 again advise the referee of the injured contestant's condition.
16 Managers, handlers, and seconds shall not attend to the
17 stricken fighter, except at the request of the physician.

18 2. This section shall not be construed to expand, diminish,
19 or otherwise modify the scope of practice of any profession
20 licensed under this subtitle.

21 3. The rulemaking requirements provided in this section
22 shall not be construed to prohibit the agencies listed in
23 subsection 1 from engaging in further rulemaking not in
24 conflict with this section or state or federal law relating to
25 the subject matter of this section or to otherwise diminish the
26 authority to engage in rulemaking provided to those agencies
27 by any other statute.>

28 9. By renumbering as necessary.

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